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Bib Data Sheet

CONFIRMATION NO. 2417

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/036,022	12/26/2001	015	1744	00216-368004	
<b>RULE</b>					
<b>APPLICANTS</b> Michael Roberts, Brookfield, CT; Thomas Craig Masterman, Brookline, MA; Edward H. Park, Sharon, MA; Scott Batson, Wakefield, MA; Philip Sweeney, Taunton, MA; Mingchih M. Tseng, Hingham, MA; Stephen C. Witkus, Grafton, MA;					
<b>** CONTINUING DATA *****</b> M1 This application is a DIV of 09/660,151 09/13/2000 ABN which is a CON of 09/351,588 07/12/1999 PAT 6,151,745 which is a CON of 08/730,286, 10/30/1996 PAT 5,987,688 which is a CIP of 08/554,931 11/09/1995 ABN (*Data provided by applicant is not consistent with PTO records.)					
<b>** FOREIGN APPLICATIONS *****</b> NONE					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/04/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature	Initials		
<b>ADDRESS</b> 26161					
<b>TITLE</b> Gum-massaging oral brush					
<b>FILING FEE RECEIVED</b> 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				<input type="checkbox"/> All Fees
					<input type="checkbox"/> 1.16 Fees ( Filing )
					<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
					<input type="checkbox"/> 1.18 Fees ( Issue )
					<input type="checkbox"/> Other _____
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**\*BIBDATASHEET\***

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CIP

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/04/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>M. J.</u> Examiner's Signature Initials	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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## ADDRESS

ROBERT C. NABINGER  
Fish & Richardson P.C.  
225 Franklin Street  
Boston, MA  
02110-2804

## TITLE

Gum-massaging oral brush

☐ All Fees  
☐ 1.16 Fees ( Filing )

<p>FILING FEE RECEIVED 794</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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Verified and Acknowledged  Examiner's Signature <i>MA</i> Initials <i>MA</i>				

**ADDRESS**

26161  
FISH & RICHARDSON PC  
225 FRANKLIN ST  
BOSTON, MA  
02110

**TITLE**

Gum-massaging oral brush



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.740

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